

5/4/10 POC accepted
B. T. [Signature]
HFS [Signature]

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN670CAH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		DATE SURVEY COMPLETED 03/31/2010
NAME OF PROVIDER OR SUPPLIER WILLIAM BEE RIRIE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 AVENUE H ELY, NV 89301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure focused survey conducted on 3/30/10 through 3/31/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	<div style="text-align: center;"> <p>RECEIVED</p> <p>APR 30 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> </div>		
S 128 SS=B	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to follow manufacturer's frequency guidelines for the interior cleaning, battery backup checks, safety valve checks, and cleaning of the	S 128			
			William Bee Ririe Hospital changed its policy/procedure and the preventive maintenance (P&M) schedules to match the manufactures guidelines. See attachment #1. The Central Supply Technition will clean the interior of autoclaves weekly and the sediment screen will be cleanded daily. See attachment #2.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Richard T. [Signature]

TITLE

CEO

(X6) DATE

4/28/2010

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN670CAH	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2010
NAME OF PROVIDER OR SUPPLIER WILLIAM BEE RIRIE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 AVENUE H ELY, NV 89301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 128	Continued From page 1 steam and water strainers of the Castle autoclave. Severity: 1 Scope: 2	S 128	The Maintenance Department will change the P&M schedule to include battery back-up and safety valve checks weekly. The steam and water strainers will be cleaned quarterly. See attachment #3. The CNO and Maintenance Manager will institute QI studies to reflect the changes in policy and ensure compliance. The QI study will be initiated in the 2nd quarter of 2010 and will be repeated in the 4th quarter of 2010.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.